AMENDED IN ASSEMBLY MARCH 24, 2003

CALIFORNIA LEGISLATURE—2003-04 REGULAR SESSION

ASSEMBLY BILL

No. 154

Introduced by Assembly Member Chan (Coauthors: Assembly Members Cohn, Diaz, Dymally, Firebaugh, Frommer, Goldberg, Levine, Longville, Negrete McLeod, and Ridley-Thomas)

January 21, 2003

An act to add Section 12693.305 to the Insurance Code, and to add Section 14093.06 to the Welfare and Institutions Code, relating to health care.

LEGISLATIVE COUNSEL'S DIGEST

AB 154, as amended, Chan. Health and managed care plans: culturally and linguistically appropriate services.

Existing law provides for the creation of various programs to provide health care services to persons who have limited incomes and meet various eligibility requirements. These programs include the Healthy Families Program, administered by the Managed Risk Medical Insurance Board, and the Medi-Cal program, administered by the State Department of Health Services. Existing law requires the Director of Health Services and the board to enter into contracts with health plans and managed care plans to provide services pursuant to each program. Under existing law, the Healthy Families Program will terminate on January 1, 2004.

Existing law further requires the board to ensure that enrollment information, telephone services, and interpreter services are available in specified languages for subscribers and applicants.

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This bill would require any health plan or managed care plan that contracts to participate in the Healthy Families Program or the Medi-Cal Program, respectively, to submit annually, commencing on April 1, 2004, a report to the board or the department, as appropriate, regarding the culturally and linguistically appropriate services that the plan provided during the prior calendar year and proposes to be provided during the current calendar year to meet the needs of its limited English proficient applicants and subscribers or beneficiaries. The bill would require specified information to be included in the report.

This bill would also require that the board or department submit annually, commencing on June 1, 2004, a report to the Legislature regarding the reports submitted by the contracting plans regarding their compliance of contracting plans with cultural and linguistic requirements. The bill would require specified information to be included in the report.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 12693.305 is added to the Insurance 2 Code, to read:
- 12693.305. (a) The Legislature finds and declares the 3 4 following:
- (1) To improve the health care of California's diverse populations, culturally and linguistically appropriate services are critical. The provision of culturally and linguistically appropriate services results in increased access to health services, improved quality of health care, and greater patient satisfaction. 9
 - (2) Title VI of the Civil Rights Act of 1964 (42 U.S.C. Sec. 2000d, et seq.; hereafter Title VI) prohibits recipients of federal financial assistance from discriminating against persons based on race, color, or national origin. Under Title VI, limited English proficient beneficiaries of federally funded programs are to be assured equal access to the programs through the provision of language assistance services.
- (3) The program receives federal financial assistance from the 17 United States Department of Health and Human Services. The board has set forth cultural and linguistic policies and

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requirements for participating health plans, which contract with the board to participate in the program.

- (4) It is the intent of the Legislature that in place of the existing contract requirement that the participating health plans report annually on or before February 1 of each year the linguistically and culturally appropriate services provided or proposed to be provided to meet the needs of limited English proficient applicants and subscribers in the program, these participating health plans report to the board regarding their compliance with the program's cultural and linguistic policies and requirements, and.
- (5) It is the further intent of the Legislature that the board report to the Legislature regarding the participating health plans' compliance with those policies and requirements.
- (b) On or before April 1, 2004, and annually thereafter, every participating health plan shall submit a report to the board regarding the culturally and linguistically appropriate services that it has provided during the prior calendar year and proposes to be provided in the current calendar year in order to meet the needs of its limited English proficient applicants and subscribers in the program. The report shall include all of the following:
- (1) Demographic information of the participating health plan's subscribers, including race, ethnicity, primary *written* language, and geographic primary verbal language, and county location.
- (2) A description of how the participating health plan has complied with each cultural and linguistic requirement. The description shall identify the types of services provided, including, but not limited to, the interpreters and the culturally and but not limited to, the linguistically and culturally appropriate providers and clinics made available by the participating health plan, its, the interpreters available, marketing materials, information packets, translated written materials, referrals to culturally and linguistically appropriate community services and programs, and training and education activities for providers. The description shall also identify activities by the participating health plan to develop internal systems to meet the cultural and linguistic needs of its applicants and subscribers.
- (3) The results of the participating health plan's efforts in the prior calendar year to provide culturally and linguistically appropriate services to its applicants and subscribers. This portion of the report shall describe the participating health plan's ongoing

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quality improvement efforts through subscriber complaints, grievances, satisfaction, and other supplemental information and its efforts to evaluate its cultural and linguistic services and the outcomes of its cultural and linguistic activities.

- (4) Highlights of any innovative approaches utilized by the participating health plan to provide culturally and linguistically appropriate services to its applicants and subscribers.
- (5) Specific objectives that the participating health plan has set to provide culturally and linguistically appropriate services to its applicants and subscribers for the current calendar year.
- (c) On or before June 1, 2004, and annually thereafter, the board shall submit a report to the Legislature regarding the status of participating health plans' compliance during the prior calendar year with the board's cultural and linguistic requirements. The participating health plans' reports received pursuant to subdivision (b). This report shall be a simple compilation of all of the reports submitted to the board by the participating health plans and, at a minimum, shall include all of the following:
- (1) Demographic information of each participating health plan's subscribers, including race, ethnicity, primary language, and geographic location.
- (2) A description of how each participating health plan has complied with each cultural and linguistic requirement.
- (3) The results of each participating health plan's efforts in the prior calendar year to provide culturally and linguistically appropriate services to its applicants and subscribers.
- (4) Highlights of innovative approaches utilized by each participating health plan to provide culturally and linguistically appropriate services to its applicants and subscribers.
- (5) Specific objectives that each participating health plan has set to provide culturally and linguistically appropriate services to its applicants and subscribers for the current calendar year.
- SEC. 2. Section 14093.06 is added to the Welfare and Institutions Code, to read:
- 14093.06. (a) The Legislature finds and declares the following:
- (1) To improve the health care of California's diverse populations, culturally and linguistically appropriate services are critical. The provision of culturally and linguistically appropriate

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services results in increased access to health services, improved quality of health care, and greater patient satisfaction.

- (2) Title VI of the Civil Rights Act of 1964 (42 U.S.C. Sec. 2000d, et seq.; hereafter Title VI) prohibits recipients of federal financial assistance from discriminating against persons based on race, color, or national origin. Under Title VI, limited English proficient beneficiaries of federally funded programs are to be assured equal access to the programs through the provision of language assistance services.
- (3) California's Medi-Cal program receives federal financial assistance from the United States Department of Health and Human Services. California's State Department of Health Services has set forth cultural and linguistic policies and requirements for the managed care plans which contract with the department to participate in the Medi-Cal program.
- (4) It is the intent of the Legislature that in place of any existing contract requirement that the managed care plans report the linguistically and culturally appropriate services provided or proposed to be provided to meet the needs of limited English proficient applicants and beneficiaries in the Medi-Cal program, these managed care plans report to the State Department of Health Services regarding their compliance with the Medi-Cal's program cultural and linguistic policies and requirements, and.
- (5) It is the further intent of the Legislature that the State Department of Health Services report to the Legislature regarding the managed care plans' compliance with those policies and requirements.
- (b) On or before April 1, 2004, and annually thereafter, every managed care plan that has contracted to participate in the Medi-Cal program shall submit a report to the department regarding the culturally and linguistically appropriate services that it has provided during the prior calendar year and proposes to be provided in the current calendar year in order to meet the needs of its limited English proficient applicants and beneficiaries in the program. The report shall include all of the following:
- (1) Demographic information of the managed care plan's beneficiaries, including race, ethnicity, primary *written* language, and geographic primary verbal language, and county location.
- (2) A description of how the managed care plan has complied with each cultural and linguistic requirement. The description

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shall identify the types of services provided, including, but not limited to, the interpreters and the culturally and linguistically appropriate providers and clinics made available by the managed care plan, its, the interpreters available, marketing materials, information packets, translated written materials, referrals to culturally and linguistically appropriate community services and programs, and training and education activities for providers. The description shall also identify activities by the managed care plan to develop internal systems to meet the cultural and linguistic needs of its applicants and subscribers.

- (3) The results of the managed care plan's efforts in the prior calendar year to provide culturally and linguistically appropriate services to its applicants and beneficiaries. This portion of the report shall describe the managed care plan's ongoing quality improvement efforts through beneficiary complaints, grievances, satisfaction, and other supplemental information and its efforts to evaluate its cultural and linguistic services and the outcomes of its cultural and linguistic activities.
- (4) Highlights of any innovative approaches utilized by the managed care plan to provide culturally and linguistically appropriate services to its applicants and beneficiaries.
- (5) Specific objectives that the managed care plan has set to provide culturally and linguistically appropriate services to its applicants and beneficiaries for the current calendar year.
- (c) On or before June 1, 2004, and annually thereafter, the State Department of Health Services shall submit a report to the Legislature regarding the status of contracting managed care plans' compliance during the prior calendar year with the department's cultural and linguistic requirements. The report shall Legislature regarding the managed care plans' reports received pursuant to subdivision (b). This report shall be a simple compilation of all the reports submitted to the department by the managed care plans and, at a minimum, shall include all of the following:
- (1) Demographic information of each managed care plan's beneficiaries, including race, ethnicity, primary language, and geographic location.
- (2) A description of how each managed care plan has complied with each cultural and linguistic requirement.

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(3) The results of each managed care plan's efforts in the prior calendar year to provide culturally and linguistically appropriate services to its applicants and beneficiaries.

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- (4) Highlights of any innovative approaches utilized by each managed care plan to provide culturally and linguistically appropriate services to its applicants and beneficiaries.
- (5) Specific objectives that each managed care plan has set to provide culturally and linguistically appropriate services to its applicants and beneficiaries for the current calendar year. the 10 managed care plans.